

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

Reception

1. Screening

A. Health trained personnel shall perform a suicide / mental health screening on each inmate upon arrival. Findings shall be recorded on the form approved by the Facility Physician. The screening includes at least the following:

i. Inquiry into:

- 1) Current client of doctor or mental health professional for mental condition / substance abuse
- 2) Past hospitalizations for mental condition / substance abuse
- 3) Past counseling or treatment for mental condition
- 4) Past suicide attempt(s)
- 5) Current or past psychotropic medication
- 6) Current thoughts of suicide
- 7) Number of times inmate has been in jail

ii. Observation of:

- 1) Influence of drugs or alcohol
- 2) Abnormal behavior
- 3) Assaultive behavior
- 4) References to death or suicide
- 5) Self-mutilation or self-inflicted injuries
- 6) Developmental disability
- 7) Evidence of extreme embarrassment, shame, or humiliation of charge or incarceration

iii. History:

- 1) Known mental condition / substance abuse
- 2) Previous incarceration(s)
- 3) Jail file review for previous mental health issues

B. Referral

- i. The intake officer shall immediately notify the officer in charge when an inmate exhibits symptoms of mental illness.
- ii. The officer in charge shall ensure that inmates exhibiting signs of mental illness are immediately referred to a qualified mental health professional and an evaluation shall occur prior to being placed into population.

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

C. Continuity of Care

- i. The intake officer shall confiscate and make a record of psychotropic medication in the possession of the inmate at reception.
- ii. The intake officer shall make a record of medication that the inmate or inmate's family member states that the inmate has been prescribed and is currently taking.
- iii. The intake officer shall immediately forward this information to the Facility Physician or designee. In the event the Facility Physician or designee is unavailable, the officer in charge shall take the information and notify the Facility Physician or designee of the inmate's needs.
- iv. When an inmate does not have immediate access to his/her medication, an evaluation shall be completed within 4 hours by the Facility Physician or designee to ensure prompt medication compliance.
- v. If the inmate has a record of previous or current psychiatric care or counseling, the intake officer shall contact the psychiatrist or counselor to advise them of the inmate's incarceration. The intake officer shall obtain a release of information from the inmate for the treatment records, including medications and dosage.

Housing

1. Classification

- a. Mentally ill inmates shall be housed in the least restrictive environment consistent with clinical condition and security classification.
- b. Mentally ill inmates that are designated as suicide risks shall be housed according to the facility suicide prevention plan.

2. Clothing and Bedding

- a. All clothing provided to mentally ill inmates shall be issued and exchanged in accordance with the applicable regulatory standards and the facility's clothing policy.

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- b. Mentally ill inmates may be issued standard jail clothing or tear-resistant clothing as determined by the Jail Administrator or designee in consultation with the Facility Physician.
 - c. All bedding shall be issued and exchanged in accordance with the applicable regulatory standards and the facility's policy on bedding and linens.
3. Offenders with severe mental illness are evaluated and, where necessary, referred for placement in a facility specifically designed designated for treating mental illness

Programming & Services

1. The Jail Administrator shall ensure the availability of psychiatric and mental health resources within the jail or by referral to a local hospital
2. Twenty-four hour mental health coverage is available by qualified mental health professionals (staff or contract)
3. A written treatment plan shall be prepared for each inmate receiving mental health services. **This plan shall be prepared in consultation with the inmate's previous counselor or psychiatrist, if available**
4. Group and individual interventions shall be provided, as clinically appropriate
5. Programming shall exist that provides for out of cell activity and teach necessary psychosocial and living skills

Medical

1. A comprehensive mental health survey will be administered to each inmate to determine psychiatric needs before the 14th day of incarceration. The survey shall become part of the inmate's permanent medical record.
2. The survey shall be completed by a qualified mental health care professional and shall be made part of the inmate's permanent medical record.
 - a. The **survey** shall minimally include the following:
 - i. Review of initial screening
 - ii. Collection of additional data to complete the mental health history

1. Inmate's signature on medical information release forms

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

2. Contact with prior treating counselor or psychiatrist

- iii. Review of mental health status
 - iv. Mental status exam
 - v. Initiation of therapy or service plan
3. The jail shall ensure that there is a daily procedure whereby inmates have an opportunity to report mental health complaints to the jail physician directly or through other health trained personnel.
4. Inmates evidencing signs of mental illness shall be referred immediately to qualified mental health care personnel.
5. Mental health complaints shall be:
- a. Recorded and maintained on file
 - b. Reviewed daily by qualified mental health care personnel for treatment decisions
6. The jail shall have a plan for identifying and responding to inmates with mental illness or **suicidal inmates**. The plan shall minimally include the following:
- a. Identification – either through the receiving screening form or officer observations
 - b. Training – staff members are trained to recognize verbal and behavioral clues that indicate mental health problems
 - c. Assessment – only a qualified mental health care professional may conduct an assessment
 - d. Monitoring – the plan specifies the procedure for monitoring mentally ill or **suicidal inmates**, including any physical checks by staff.
 - e. Referral – the plan specifies the procedures for referring mentally ill or **suicidal inmates** to a mental health care provider or facility
 - f. Communication – procedures exist for ongoing written communication between mental health care and correctional personnel regarding the status of mentally ill or **suicidal inmates**
 - g. Intervention – procedures exist for emergency referrals

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- h. Notification – procedures exist for notification of the jail administrator, appropriate outside authorities and family members
 - i. Continuity – procedures provide for continuity of medical records upon institutional transfer
- 7. The jail shall have procedures for the use of therapeutic seclusion and restraint for inmates under treatment for mental illness. The plan shall minimally address the following:
 - a. Prohibition of placing more than one inmate in a therapeutic seclusion cell
 - b. Types of restraints
 - c. When restraints or therapeutic seclusion may be used
 - d. Where restraints or therapeutic seclusion may be used
 - e. How restraints or therapeutic seclusion may be used
 - f. Time restrictions for restraints or therapeutic seclusion
 - g. Authorization by a physician upon concluding that no other less restrictive treatment is appropriate
 - h. Ten minute checks by health trained personnel
 - i. One to one observation
 - j. One hour initial evaluation by the Facility Physician or other qualified health care personnel
 - k. Two hour repeat evaluation by the Facility Physician or other qualified health care personnel upon continued restraint
- 8. The jail shall have procedures for emergency chemical restraint. The plan shall minimally address the following:
 - a. Chemical restraint or forced medication shall be utilized only when the inmate poses an immediate threat of physical harm to self or others
 - b. Under a valid court order
- 9. The jail shall have procedures for Prescription Medication. The plan shall minimally address the following:

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- a. A full range of psychotropic medication and the ability to administer them shall be provided
- b. Psychotropic medication may be initiated by the Facility Physician or a psychiatrist
- c. Medication monitoring and ongoing prescriptions shall be conducted by a psychiatrist
- d. Procedures for dispensing psychotropic medication shall be approved by a psychiatrist

Discipline

- 1. The jail administrator shall develop procedures for mentally ill inmates charged with a disciplinary infraction. The procedures shall minimally include the following:
 - a. Confer with qualified mental health care personnel on the disciplinary infraction
 - b. The inmate's mental status' affect on participation in the disciplinary process
 - c. The inmate's mental status' affect on the disciplinary infraction
 - d. Inquiry into the affect of particular forms of punishment (such as isolation or segregation) on the inmate's mental status
 - e. Inquiry by hearing officer into the mental health status of the inmate
 - f. Use of clinically appropriate disciplinary sanctions
 - g. **Review** of disciplinary confinement on inmates with severe mental disorders or current psychosis **by qualified mental health care personnel**
 - h. Review with qualified mental health care personnel before placement into segregation
 - i. Training for security staff in the identification of mental illness issues in misbehavior
 - j. Daily review of inmate's status in segregation by jail administrator or designee and qualified mental health care personnel

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- k. Procedures for transferring inmate if proper care is beyond jail's capability

Physical Plant

1. Inmates exhibiting signs of mental illness may, at the direction of a qualified mental health professional, be placed in therapeutic seclusion.
2. The therapeutic seclusion cell shall be a single-occupancy cell and shall contain the following elements:
 - a. At a minimum, the floor space must be eighty-five (85) square feet, with a minimum width of eight (8) feet.
 - b. At a minimum, the ceiling height must be ten (10) feet.
 - c. The cell must have an outside window that provides natural light.
 - i. At a minimum, the window must be one hundred (100) square inches.
 - ii. The glazing must be a maximum-security grade polycarbonate.
 - iii. The window frame stop must be located on the outside.
 - iv. At a minimum, the window frame must be fourteen (14) gauge security grade steel; anchored with maximum security grade screws, which are positioned no farther apart than two (2) inches along each edge of the frame.
 - v. The frame well must be of sufficient depth to securely anchor the window glazing.
 - d. At a minimum, cell lighting must provide twenty (20) foot-candles of light during daytime hours; and two to four (2-4) foot-candles of light when the cell is used as a nighttime sleeping cell [measured thirty (30) inches above the floor].
 - e. The light fixture must either be recessed in the ceiling, or flushed tightly against the ceiling and any adjoining wall.
 - f. The light fixture must contain a security grade and style protective light shield made out of polycarbonate.
 - g. The cell must not contain any electrical outlets (except as provided in 2. aa); nor, can any electrical outlets be located in any adjacent inmate-accessible dayroom.
 - h. The cell walls, floor, and ceiling must have a light or pastel colored finish.
 - i. Cell walls, floor, and ceiling finishes, including any conventional padding or similar material, must be flame retardant, non-toxic, durable, and washable. The padding shall be seamless.

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- j. The cell must not contain any exposed pipes, conduits, hooks (including clothing hooks), doorknobs, shelves, door hinges, or other similar types of protrusions.
- k. Any alarms and sprinkler heads, as required by appropriate fire code, must be of detention grade construction, and must be of a suicide resistant variety.
- l. Any exposed wall, ceiling, and floor corners must have beveled/rounded edges.
- m. All ceiling, wall, floor, fixture placement, door and window frames, and other construction gap openings must be sealed with a security-grade caulking, except where routine maintenance or normal use of fixtures would become ineffective by caulking. Routine maintenance or normal use fixtures include toilet and sink operating fixtures and light fixture/housing access hinges. The following spaces require special precautions:
 - i. Any section of a window frame that extends over or across the window glazing.
 - ii. Light fixtures and vent or grill openings.
 - iii. Around door and window frames.
 - iv. Sprinkler head attachments or protective sleeves that are butting up against the ceiling or wall surface.
 - v. Alarm and intercom units.
 - vi. Cracks or openings in the ceiling, walls, and floor joints.
 - vii. Around the concrete bed, where it butts up against adjacent walls and the floor.
 - viii. Any mirror.
 - ix. Cracks or spaces around the toilet/wash basin fixture and the adjoining wall and floor.
- n. A secure, detention grade, floor drain and drain cover must be located at the low slope of the cell floor. This slope must not have a low point in the immediate vicinity of the cell door.
- o. Any floor drain cover equipped with screw secured clean-out access capabilities must be equipped with tamper resistant screw heads that are torqued tight, or be securely tack welded in place.
- p. The floor surface must be composed of padded, non-slip material or texture.
- q. Doors must be either of the sliding type or they must swing outward, to prevent inmate barricading.
- r. Beds must:
 - i. Be a solid, reinforced concrete slab, having a maximum height of twelve (12) inches above the floor.

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- ii. Be securely anchored to the floor and any abutting walls.
- iii. Be designed to accommodate a larger than 'standard size' mattress.
- iv. Have beveled/rounded corners.
- s. A stainless steel toilet, wash-basin, and water bubbler fixture must be provided and securely installed; having flush control valves located outside the cell and equipped with concealed piping.
- t. Vent and grill ducts must:
 - i. Be covered with a minimum sixteen (16) gauge, interwoven, welded wire mesh, which has no openings greater than 3/16ths of an inch.
 - ii. Not be located directly above the privacy wall, the toilet fixture, or the bed; which would allow some degree of access by inmates standing on these items.
- u. Any mirror(s) must be a detention grade, brushed metal type, and securely fastened to the wall with tamper-resistant fasteners.
- v. Each cell must have a two-way intercom system between the inmate in the cell and a staffed post. The intercom system must be capable of being initiated from all access points and must be securely anchored to a cell surface by tamper-resistant fasteners.
- w. The cell door must:
 - i. Be at least fourteen (14) gauge security grade steel; with a minimum twelve (12) gauge security grade frame.
 - ii. The hollow of the frame must be fully grouted with concrete, which does not interfere with any electrical or mechanical systems located within the frame.
 - iii. Have maximum-security grade hardware.
 - iv. Have a detention grade food pass in the door.
 - v. Have an upper, viewing/supervision window measuring at least 24" x 24"; with glass being a maximum-security grade polycarbonate.
 - vi. Have a window frame of at least fourteen (14) gauge security grade steel; with the frame stop being on the outside.
 - vii. Have a frame well for the window that is of sufficient depth to securely anchor the window.
 - viii. Have the window frame secure into the door with high security grade, tamper resistant screws, positioned no farther apart than two (2) inches along each edge of the frame.
 - ix. Have hidden security/detention type hinges, or hinges located on the outside of the cell.
 - x. Not have a doorknob or other type of door handle on the inside.

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- x. A privacy wall for the toilet fixture must be constructed of either eight (8) inch wide concrete masonry units (CMUs) or maximum-security grade steel construction, reaching 42 to 45 inches in height
 - i. CMU construction:
 - (a) Must contain vertical ½ inch reinforcement steel, positioned 8 inches off center, and securely anchored to the floor and upper most CMU block. Any combination of steel rods must overlap at least 18 inches.
 - (b) Must be fully grouted with concrete; minimum of 3000 psi.
 - (c) Must be securely anchored to both the floor and an abutting wall.
 - (d) Must have beveled/rounded edges.
 - ii. Maximum security grade steel construction must:
 - (a) Be securely anchored to both the floor and an abutting wall.
 - (b) Must not provide ‘holes’ or openings in its construction that would allow the inmate to tie a noose anchor.
 - (c) Must be tightly flush with floor and abutting wall; with any gaps filled with security grade caulking.
- y. The privacy wall must extend beyond the front edge of the toilet by at least fifteen (15) inches; being measured by the most advantageous sight-line allowance any window view into the cell allows.
- z. The cell must be sufficiently located near to, or next to, a staffed post; allowing ready access of direct staff supervision.
- aa. Any CCTV fixtures located inside the cell must:
 - i. Be securely housed in a security grade housing unit that does not allow easy inmate access.
 - ii. Have any necessary electrical outlet secured within the housing unit identified in above (i).
 - iii. Not provide a view of the toilet area.
 - iv. Have a secure housing unit that is constructed in such a manner as to not provide easy access to anchoring a noose.
 - v. Have any gaps between the housing unit and the ceiling and/or any adjacent wall(s) filled with security grade caulking.

Linkage (Continuity of Care)

- 1. The Jail Administrator shall develop a comprehensive directory of mental health service providers and services. The directory shall minimally include the following:

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- a. List of community mental health providers
 - b. Summary of services offered by each provider
 - c. List of volunteer organizations associated with the mentally ill (i.e. the National Alliance for the Mentally Ill (NAMI))
 - d. List of hospitals and acute care units designated for service to those in crisis
 - e. 24-hour contact information
2. The jail administrator and mental health team shall develop a comprehensive release plan for inmates with mental illness to ensure continuity of care. The plan shall minimally address the following:
- a. Planning discharge upon reception
 - b. Discharge responsibilities are carried out by designated staff
 - c. Linkage with community mental health providers at reception
 - d. Arrangements for inmate to meet with community health provider (i.e. appointment made before release and date and time given to inmate)
 - e. Arrangements for transportation to appointment (coordinated with community mental health provider)
 - f. Ensure inmate has sufficient supply of medication to maintain compliance through pre-arranged appointment
 - g. Inter-agency collaboration – protocols exist to share and receive information from criminal justice and mental health service agencies that address the following:
 - i. Ensure that information regarding treatment history and offender needs is accurate, relevant, shared in a timely fashion and complies with applicable privacy standards
 - ii. The communication shall be systematic and shall encourage collaboration

Staff Training

1. All training curriculum addressed in this section shall be developed in conjunction with and approved by the Facility Physician in consultation with a psychiatrist.

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

2. Security staff shall receive training as follows:
 - a. Training in agency policies and procedures pertaining to mentally ill and developmentally disabled inmates
 - b. Eight hours of initial training and in-service training each subsequent year in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:
 - i. Symptom and behavior recognition
 - ii. Confidentiality
 - iii. Communication
 - iv. De-escalation techniques
 - v. Conducting initial intake screenings
 - vi. Restraints
 - vii. Medical contraindications to restraints
 - viii. Medication responses
3. Security staff assigned to mental health or developmentally disabled units shall receive training as follows:
 - a. Training in agency policies and procedures pertaining to mentally ill and developmentally disabled inmates
 - b. Forty hours of initial training in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:
 - i. Confidentiality
 - ii. Communication
 - iii. De-escalation techniques
 - iv. Conducting initial intake screenings
 - v. Restraints

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- vi. Medical contraindications to restraints
- vii. Medication responses
- viii. Health Insurance Portability and Accountability Act (HIPAA)
- ix. Involuntary medication
- x. Symptom and behavior recognition
- c. Eight hours of in-service training each subsequent year in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:
 - i. Symptom and behavior recognition
 - ii. Confidentiality
 - iii. Communication
 - iv. De-escalation techniques
 - v. Conducting initial intake screenings
 - vi. Restraints
 - vii. Medical contraindications to restraints
 - viii. Medication responses
- 4. Jail Administrators and supervisors shall receive training as follows:
 - a. Jail Administrators:
 - i. Forty hours of initial training in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:
 - 1. Confidentiality
 - 2. Communication
 - 3. De-escalation techniques
 - 4. Conducting initial intake screenings

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

5. Restraints
 6. Medical contraindications to restraints
 7. Medication responses
 8. Health Insurance Portability and Accountability Act (HIPAA)
 9. Involuntary medication
 10. Symptom and behavior recognition
- b. Supervisors:
- i. **Forty** hours of initial training in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:
 1. Confidentiality
 2. Communication
 3. De-escalation techniques
 4. Conducting initial intake screenings
 5. Restraints
 6. Medical contraindications to restraints
 7. Medication responses
 8. Health Insurance Portability and Accountability Act (HIPAA)
 9. Involuntary medication
 10. Symptom and behavior recognition
- c. Jail Administrators and supervisors shall receive eight hours of in-service training each subsequent year in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:

MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES IN JAILS

- i. Symptom and behavior recognition
 - ii. Confidentiality
 - iii. Communication
 - iv. De-escalation techniques
 - v. Conducting initial intake screenings
 - vi. Restraints
 - vii. Medical contraindications to restraints
 - viii. Medication responses
- 5. Support staff shall receive training as follows:
 - a. Eight hours of initial training and four hours each subsequent year in basic awareness for the mentally ill and developmentally disabled inmate. The training shall minimally include the following:
 - i. Symptom and behavior recognition
 - ii. Confidentiality
 - iii. Communication
 - iv. De-escalation techniques
 - v. Conducting initial intake screenings
 - vi. Restraints
 - vii. Medical contraindications to restraints
 - viii. Medication responses
- 6. Clinical staff shall be licensed and credentialed. Copies of licensure and credentials shall be maintained at the jail.

**MODEL JAIL STANDARDS FOR INDIVIDUALS WITH MENTAL ILLNESSES
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